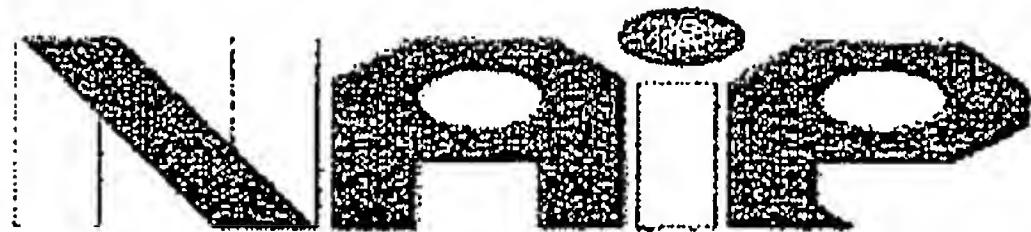


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**North America
Intellectual Property Corporation**

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Art Unit: 2133 Fax : (571) 273-8300

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/709,099

Attorney Docket No.: REAP0032USA

Subject: Response to the Office action mailed on 05/17/2006

Total Pages: 14 pages (including cover page)

Winston Hsu 08/16/2006

REAP0032USA0_A2_1

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PTO/SB/21 (07-08)

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**TRANSMITTAL
FORM**

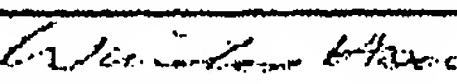
(to be used for all correspondence after initial filing)

Application Number	10/709,099		
Filing Date	04/14/2004		
First Named Inventor	Hou-Wei Lin		
Art Unit	2133		
Examiner Name	ALPHONSE, FRITZ		
Total Number of Pages in This Submission	13	Attorney Docket Number	REAP0032USA

ENCLOSURES (Check all that apply)

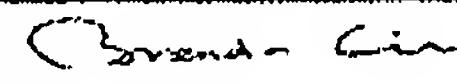
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/>
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/>	<input type="checkbox"/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	8/16/2006	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Brenda Lin	Date	8/16/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<p style="margin: 0;">Effective on 12/08/2004</p> <p style="margin: 0;">Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818)</p> <p style="margin: 0; font-size: 14pt; font-weight: bold;">FEE TRANSMITTAL</p> <p style="margin: 0; font-weight: bold;">For FY 2005</p>		<p style="margin: 0; font-weight: bold; text-align: center;">Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/709,099</td> </tr> <tr> <td>Filing Date</td> <td>04/14/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Hou-Wei Lin</td> </tr> <tr> <td>Examiner Name</td> <td>ALPHONSE, FRITZ</td> </tr> <tr> <td>Art Unit</td> <td>2133</td> </tr> <tr> <td>Attorney Docket No.</td> <td>REAP0032USA</td> </tr> </table>		Application Number	10/709,099	Filing Date	04/14/2004	First Named Inventor	Hou-Wei Lin	Examiner Name	ALPHONSE, FRITZ	Art Unit	2133	Attorney Docket No.	REAP0032USA
Application Number	10/709,099														
Filing Date	04/14/2004														
First Named Inventor	Hou-Wei Lin														
Examiner Name	ALPHONSE, FRITZ														
Art Unit	2133														
Attorney Docket No.	REAP0032USA														
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>															
TOTAL AMOUNT OF PAYMENT	(\$)	150.00													

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
23 - 20 or HP =	3	x \$0.00	= 150.00	50	25
HP = highest number of total claims paid for, if greater than 20				200	100
Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	360	180

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

<u>Signature</u>	<i>Winston Hsu</i>	<u>Registration No</u> (Attorney/Agent)	41,526	<u>Telephone</u>	3027291562
Name (Print/Type)	Winston Hsu			Date	8/16/2006

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**PARALLEL DECISION-FEEDBACK DECODER AND METHOD FOR JOINT
EQUALIZING AND DECODING OF INCOMING DATA STREAM**

Appl. No. : 10/709,099 Confirmation No. 3098
Applicant : Hou-Wei Lin,
Shieh-Hsing Kuo,
Kuang-Yu Yen
Jung-Feng Ho,
Filed : April 14, 2004
TCA.U. : 2133
Examiner : ALPHONSE, FRITZ
Docket No. : REAP0032USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

5 Dear Sir:

In response to the Office action of May 17th 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

10 **Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 9 of this paper.